



*Commonwealth of Massachusetts*

Department of Public Safety  
One Ashburton Place, Room 1301  
Boston, MA 02108-1618  
Tel: (617) 727-3200  
Fax: (617) 727-5732  
WWW.MASS.GOV/DPS

PERMIT NO. \_\_\_\_\_

FORM B-1 2006-1

**SMALL  
INFLATABLES  
ONLY**

**APPLICATION FOR LICENSE TO OPERATE AMUSEMENT DEVICES – SMALL INFLATABLES**

Application is hereby made for a license to operate the listed amusement devices.

\_\_\_\_\_  
(Print name of Company)

\_\_\_\_\_  
(Date of Application)

\_\_\_\_\_  
(Company Website Address)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Fax Number)

\_\_\_\_\_  
(Print Owner Name)

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Owner E-Mail Address)

\_\_\_\_\_  
(Contact E-mail Address)

\_\_\_\_\_  
(Company Street Address)

\_\_\_\_\_  
(Company City, State, Zip Code)

The following information must accompany this application (please check as attached):

- ☐ A bank check or money order payable to the Commonwealth of Massachusetts (\$25 per amusement device)
- ☐ # of Devices: \_\_\_\_\_
- ☐ An original insurance certificate (\$1,000,000 minimum), with devices insured listed on a supplemental sheet
- ☐ Name, contact information, and certification documentation of the certified inflatable device mechanic.
- ☐ Submit all manuals and bulletins if not previously properly submitted
- ☐ CORI Request Form
- ☐ CORI Procedure

Mail this application and the accompanying information to the address as listed above.

I certify under the penalties of perjury that to the best of my knowledge, I have filed all state tax returns and paid all state taxes required under state law, and that the information submitted with this application is true to the best of my knowledge.

\_\_\_\_\_  
(Signature of owner representative)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Last Name)

Note: License will not be issued unless this document has been completed and signed by the owner.

*This form must be submitted by the applicant.  
Failure to use this form may result in the denial of the application.*

APPLICATION FOR LICENSE TO OPERATE AMUSEMENT DEVICES - *Form B-2 2006-1*

	<b>USID #</b>	<b>Name of Device</b>
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**\*\* You MUST provide a copy of your NAARSO, AIMS or Massachusetts certification**

Name of Certified Inflatable Device Mechanic: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Mail the completed application along with the required information attached, and the fee (bank check or money order only) to:

Massachusetts Department of Public Safety  
Attn: Amusements  
1 Ashburton Place, Room 1301  
Boston, MA 02108-1618

APPLICATION FOR LICENSE TO OPERATE AMUSEMENT DEVICES - *Form B-2 2006-1*

	<b>USID #</b>	<b>Name of Device</b>
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APPLICATION FOR LICENSE TO OPERATE AMUSEMENT DEVICES - *Form B-2 2006-1*

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APPLICATION FOR LICENSE TO OPERATE AMUSEMENT DEVICES - *Form B-2 2006-1*

	<b>USID #</b>	<b>Name of Device</b>
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